1403-129-2420

HAND DELIVERED

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2014 SEP 15 AM 10: 32

					F.F.(Office use only ATF F
NAME OF COMMITTEE (in full)		(Check if name is changed)		mple: If typing, type the lines.	1ŽFĖ4M5	
Ericsson Inc. U.S. Empl	oyees P	olitical Action Co	mmitt	ee ("Ericsson РАС	")	
ADDRESS (number and street)	1770	SEye Street NW	Ш.			
☐ ◀ (Check if address is changed)	Suit	e 240				
	Was	shington CITY▲			DC STATE ▲	20006
COMMITTEE'S E-MAIL ADDRE	ESS					
(Check if address is changed)	Bru	çe.Gustafson@Er	icsson.	сот	1. 1. 1. 1. 1. 1.	
		nal Second E-Mail Ad In.C.Jones@Frics		n, <u>, , , , , , , , , , , , , , , , , , </u>	1 1 11 1	
COMMITTEE'S WEB PAGE AD	DRESS	(URL)				
(Check if address is changed)	N/A		1 1 1			
	L	<u> </u>		11. 1 1 1 1		
2. DATE 07 15	· [20,14				
3. FEC IDENTIFICATION N	IUMBER	· C	· · · · ·			
4. IS THIS STATEMENT	NI	EW (N) OR		AMENDED (A)		•
I certify that I have examined	this State	ement and to the bes	t of my	knowledge and belief it	is true, correct	and complete.
Type or Print Name of Treasur	er <u>B</u> r	uce Gustafson	1			
Signature of Treasurer	1	ZITY	<i>/</i>		Date 09	15 / 2014
NOTE: Submission of false, error		,		bject the person signing OULD BE REPORTED W		the penalties of 2 U.S.C. §437g.
Office Use				For further Information of Federal Election Commission Tall Erro 800.434.9530		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

	rec ro	rm ((Revised 02/2009)
		OMMITTEE
Can	didate	e Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cano	e of didate	<u> </u>
	didate / Affiliati	Office State On Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cano	e of didate	
Par	ty Con	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is as
		X Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	

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	ised 02/2009)					Page 3	
Write or Type Committee	Name						
Name of Any Connec	ted Organization, Affiliated Committee, Joint F	undraising F	lepresentative,	or Leade	ership P	AC Spo	nsor
Ericsson Iric.		1 1 1 1 1		1 1 1 1	1 1 1	1 1 1	1 1
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	6800 Legady Drive	 		- 	- 		لــــــــــــــــــــــــــــــــــــ
Mailing Address	opop regacy prive						
						<u> </u>	
	Plano		TX	750;		J-L⊥	
	CITY		STATE		ZIP (CODE	
Relationship: X Conr	nected Organization Affiliated Committee	Joint Fundrais	sina Representa	ative Π	Leaderst	hip PAC	Sport
			g				
	: Identify by name, address (phone number op	otional) and p	osition of the p	erson in I	possessi	on of co	mmit
books and records.							
Full Name Bru	ice Gustafson	<u>L I L.I -</u>		1.1.1.		1.1.1	
			· . 		 	 	
Full Name Bru Mailing Address	1776 Eye Street NW						
	1776 Eye Street NW			1200			
Mailing Address	1776 Eye Street NW		DC	[2000]- 	
	1776 Eye Street NW		DC	[2000			
Mailing Address Title or Position	1776 Eye Street NW	Telephone	STATE				02
Mailing Address	1776 Eye Street NW	Telephone	STATE		ZIP (02
Mailing Address Title or Position Treasurer Treasurer: List the name	1776 Eye Street NW		STATE)2,	ZIP (]-[0]	
Mailing Address Title or Position Treasurer Treasurer: List the name	1776 Eye Street NW		STATE)2,	ZIP (]-[0]	
Title or Position Treasurer: List the name any designated agent (control of the control of the	Suite 240 Washington CITY The and address (phone number optional) of the e.g., assistant treasurer).		STATE)2,	ZIP (]-[0]	
Title or Position Treasurer: List the name any designated agent (or Full Name of Treasurer)	Suite 240 Washington CITY The and address (phone number optional) of the e.g., assistant treasurer).		STATE)2,	ZIP (]-[0]	
Title or Position Treasurer: List the name any designated agent (control of the control of the	Suite 240 Washington CITY The and address (phone number optional) of the e.g., assistant treasurer). CE Gustafson 1776 Eye Street NW		STATE)2,	ZIP (]-[0]	
Title or Position Treasurer: List the name any designated agent (or Full Name of Treasurer)	1776 Eye Street NW		STATE number 20 the committee	(2) - ; and the	ZIP (]-[0]	
Title or Position Treasurer: List the name any designated agent (continuous formula f	Suite 240 Washington CITY The and address (phone number optional) of the e.g., assistant treasurer). CE Gustafson 1776 Eye Street, NW, Suite 240 Washington		STATE number 20 the committee)2,	ZIP (- 01	
Title or Position Treasurer: List the name any designated agent (or Full Name of Treasurer Bru	1776 Eye Street NW		STATE number 20 the committee	(2) - ; and the	ZIP (]-[0]	

Full Name of Designated Agent	Brian C., Jo	nes		1 1 1	1,1,1	1.1.1		1 1		1. 1.		1 1 1
Mailing Address	<u>[1</u>	776 Eye Stre	et _i NW _i	<u> </u>								لـــــا
	LS	uite 240		111	<u> </u>	<u> </u>		1_		<u></u>	1.1	
	7	Washington	CITY	1 1 1		نــ	DC STATE	i	20006		J-L CODE	لــــــــــــــــــــــــــــــــــــــ
Title or Position Assistant Tir	reasurer	<u> </u>	لحصي		Teleph	one nun	nber [202,		24 ₁]-[0	117
									<u></u>			
Banks or Other safety deposit be	oxes or maintain		r other deposit	ories in w	which the	committ	ee deposi	its fun	ds, hold	ds acc	ounts,	rents
	oxes or maintain		r other deposit	ories in w	which the	committ	ee deposi	its fun	ds, hold	ds acc	ounts, i	rents
safety deposit be	oxes or maintair Depository, etc. Citibank			<u> </u>	<u> </u>	committ	ee deposi	its fun	ds, hold	ds acc	ounts,	rents
safety deposit be Name of Bank, I	oxes or maintair Depository, etc. Citibank	s funds.	lvania Aver	<u> </u>	<u> </u>	committ	ee deposi	its fun	ds, hold	<u>+</u>	ounts,	rents

CITY

STATE

ZIP CODE

Page 4

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Name of Bank, Depository, etc.

Mailing Address

IN/A

FEC Form 1 (Revised 02/2009)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
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USPS Priority Mail	Postmarked
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USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
a	9/15/14
(8/2013)	DATE PREPARED